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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI

DIVISION

Richard Lynn McCoy Junior

#1000485

(Write the full name of the plaintiff in this action.  
Include prisoner registration number.)

Case No: \_\_\_\_\_  
(to be assigned by Clerk of District Court)

v.

C/O I PREE, C/O I WYNN,  
C/O I GREENE, C/O I ENSLEY  
C/O III LT. WAITE, Warden of NECC,  
Corizon of NECC, Corizon Nurse  
~~Ward~~ Doctor (Unknown) JCCC (Unknown)

(Write the full name of each defendant. The caption  
must include the names of all of the parties.  
Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)

Plaintiff Requests Trial by Jury



Yes



No

**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983**

**NOTICE:**

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

**I. The Parties to this Complaint**

**A. The Plaintiff**

Name: Richard Lynn McCoy Junior

Other names you have used: N/A

Prisoner Registration Number: 1000485

Current Institution:

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input checked="" type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

**B. The Defendant(s)**

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

**Defendant 1**

Name: ~~C/O I~~ Pree (First name Unknown)

Job or Title: C/O I

Badge/Shield Number: Unknown

Employer: At Northeast Corr. Center D.O.C.

Address: 13698 Airport Road, Bowling Green, Mo 63334

X Individual Capacity \_\_\_\_\_ Official Capacity

**Defendant 2**

Name: MR. Wynn (first name unknown)

Job or Title: C/O I

Badge/Shield Number: unknown

Employer: Dept. of Corrections

Address: 13698 Airport Rd, Bowling Green, Mo 63334

☒ Individual Capacity

☐ Official Capacity

**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

Defendant 3

Name : Mr. Greene (First name Unknown)

Job or title: C/O J

Badge NO#: Unknown

Employer: D.O.C.

Address : 13698 Airport Rd, Bowling Green, Mo. 63334

☒ Individual Capacity ☐ Official Capacity

Defendant 4

Name : Mr. Lt. Waite (First name Unknown)

Job/title: C/O III LT.

Badge NO#: Unknown

Employer : Dept. Of Corr.

Address : 13698 Airport Rd, Bowling Green, Mo. 63334

☒ Individual Capacity ☐ Official Capacity

Defendant 5

Name : Mr. Ensley (First name Unknown)

Job/title: C/O I

Badge NO#: Unknown

Employer: D.O.C

Address : 13698 Airport Rd, Bowling Green, Mo. 63334

☒ Individual Capacity ☐ Official Capacity

Defendant 6

Name : Doctor Name (Unknown)

Job/title: Doctor (that saw me for injuries) days later

Badge NO#: Unknown

Employer: Corizon

Address: 13698 Airport Rd, Bowling Green, Mo. 63334

☒ Individual Capacity ☐ Official Capacity

Defendant 7

name: Corizon

Job-title: Corizon employee

Badge No#: N/A

employer: Corizon/D.O.C

Address: 13698 Airport Rd, Bowling Green, Mo 63334

☒ Individual Capacity ☐ Official Capacity

Defendant 8

name: Corizon Nurse (Unknown)

Job/Title: Corizon Nurse/Doctor

Badge No#: Unknown

employer: Corizon

Address: 8200 No More Victims Road, Jefferson City, Mo 65101

☒ Individually Capacity ☐ Official Capacity

1.) ON 4-6-20 I WAS escorted out of cell #142 - H.U. #1-D by C/O I Wynn

And C/O III Waite After being MACE. I WAS taken out of Housing unit front Door of C/FID SIDE Towards A & B Side front (outside) doors when C/O III told Officer Wynn to Hold me against the wall. C/O III Waite Began to UFC Style Kneel me to my left Rib area & Buttock Area with Tremendous Force with the Intent To cause Bodily Harm.

2.) During This Incident C/O I Pree, C/O I Greene & C/O I Ensley Watched AS this occurred AND NEVER Tried to Stop the Assault nor report the wrong Illegal Act, To my Knowledge. (All Above staff was Present during Assault)

3.) I WAS NEVER NON-compliant from the time I exited 1-D #142, NOR In front of H.U. #1 A & B Front Porch, NOR during Assault or After. I was Kneel with Brute Force, AND Held up by C/O I Wynn by my Right arm and Lt. Waite Holding me from Back & Kneeling Me.

4.) After this Assault I was Escorted To #1 A-wing Bench and put on Bench In front of the wing for several Hours.

5.) This All transpired At N.E.C.C. There's A camera on the front of Housing Unit 1 and I asked for this to Be Saved. But unsure which way they were facing. But they are suppose To face The Doors where this happened.

6.) It occurred Between The Hours of 7:30 PM - 11:59 PM on 4-6-20

### PERSONALLY INDULGED OR ACTED

1.) The warden was NOTified AT N.E.C.C. OF these Allegations ~~never~~ I became NON-compliant during my escort and this was ~~never~~ ASSAULT. THIS WARDEN CLEARLY NEGLECTED MY CHAIN OF TO Investigate Properly (NOTE: I NEVER WAS NON-compliant) AND Allowed the Assault & Many others.

2.) C/O I WYNN Directly Participated IN Assaulting Plaintiff by holding me against wall for Assault.

3.) C/O I Pree, C/O I Greene, C/O I Ensley All stood by and remained their 'code of silence' to criminally Protect there co-workers, by NOT speaking out and up-holding their job duties of reporting staff Misconduct

4.) C/O III WAITE Intentionally Assaulted Plaintiff with the Intent to cause harm by maliciously and sadistically Applying this act. NOT in the Good Faith effort to maintain or restore discipline.

See pg 1 of 1

### III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I WAS Scheduled To see the Doctor at NECC after the Incident and

WAS Told I had some swelling & Bruising. But I continued to Be in constant Pain Throughout the ~~month~~ I've sent In medical HSR's After HSR & was ignor And told that they were backed up due to covid or Ignored me Totally. On

1-25-22 I was finally given an XRAY At JCC By Medical Technician & Olivia Edwards & Doctor STONE XRAY My leg on 1-25-22 And Told me that there was A Injury to my Pelvic/left leg area and was the reason why I was Always In Pain. But It would Be sent To A Radiologist. My Injuries has Been overlooked at NECC But medical staff Have put me on simbolta and CAPZASIN cream In the month of January of 2022 At JCC. I've Also Been Neglected BY JCC medical AS well for Months ON IN. There HAS BEEN Numerous Request For PAIN MEDS AND I HAVE NOT



10F1

## Statement of Claim

1/00/21 to 2/00/21

Continued

Time/Date

1-00-20 and 2-00-21

5.) <sup>(unknown)</sup> Personally Indulged or Acted  
 5.) Corizon Nurse AT JCC WAS NOTIFIED and plaintiff WAS told due to COVID that they were backed up and Company was changing be patient.

6.) Corizon Doctor of NECC told ME (Plaintiff) That she would put me (plaintiff) in for Xray and the Swelling would go<sup>s</sup> down and pain would stop. On or About 4-7-20

\* (C/O ILL. WAITE, C/O I Free, C/O I Ensley, C/O I Wynn & C/O I Greene)

- ① Plaintiff was Restrained In Risk Restraints behind his back and walked Pass ~~the~~ 1-D wing Restraint Bench, with the Intent for D.O.C. Staff to Maliciously/Sadistically Carry out this Assault w/ the Intent To Cause bodily harm) To Go outside the Housing Unit to Another Wing (H.U. #1-A wing) Restraint Bench.

Which has no Merit of justification None what so ever. How Do you Explain this ?? A bench is A bench.

- ② It WAS Also cruel & Unusual punishment And All inmates have the right to be free from this. Especially after plaintiff was ~~on~~ subdue through A food port In 1-D #142 And NON-resisting. No reasonable officer could agree that striking/kicking a restraint inmate in side & buttock/hip With Enough force to break a Rib or pelvic or 'disrupt' fracture is necessary under established law.

- ③ When Medical Staff at Both facilities fail to adequately provide plaintiff With A Cane, Walker, Wheelchair, Pain Meds, or take Allegations serious for Almost 2 years. Neglect<sup>in</sup> it rawest forms. On Both JCC & NECC Corizon Employee's

### III. Injuries (continue)

GOTTEN ! (For Over A Year by JCCC Nurses/Doctors.) Nor proper Xrays!

1.) Pain Meds That I've Been Neglected for over A year At JCCC

2.) Pain Meds That I was Neglected for over 7-8 months at NECC

3.) X-rays that I requested and during visit at Sick Call.

4.) Several H.S.A's Being Neglected during NECC & JCCC

5.) The Injuries I've sustained Is <sup>to</sup> Severe Constant Pain In my left hip area and Back (lower)

2.) Trouble walking or standing for long periods of times

3.) Numbness/loss of feeling in left leg

4.) When I've complained in the pass I was told that the pain would subside and eventually go away by A Nurse almost 2 yrs later (Around or About 12-00-21)

5.) I've Been Forced To live on Top walks Areas Where I have To walk up & down step which Cause Severe pain

6.) Times Where I'm Unable To stand or put weight on left leg. And Staff wrote of AS plaintiff was Faking.



#### IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

STAFF/Medical/Warden  
Compensatory Damages: \$4.7 million Because I will Be Permittly disable in my leg/hip/~~back~~ due To this Injury w/o The total use of my leg. (Pain/suffering) Can't Be 100% the way I was Before the Injury.  
Punitive Damages: \$1.8 Million. The staff/~~medical~~/warden Knew And w/ Evil Intent Cause Bodily Harm By Maliciously Assaulting Me motivated by reckless/callous indifference To My Rights

#### V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Northeast Corr. Center, 13698 Airport Rd, Bowling Green, Mo. 63334

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)? EXCESSIVE USE of Force, LACK OF Medical Treatment.

CRUEL & Unusual punishment

~~at the prison~~

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1/ Where did you file the grievance? N.E.C.C.

---

2/ What did you claim in your grievance? (Attach a copy of your grievance, if available) EXCESSIVE USE of Force By staff.

Racial Discrimination/Agenda

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available) My Grievance was denied.

Denied. I'm trying To obtain all my Grievances from my property or Grievance officer.

to No Avail

Being Ignored

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I filed Grievance & Grievance appeal.  
Exhausted Remedies, In the Complaint w/ this  
Incident. LOG No# NECC-20-472

F. If you did not file a grievance, ~~Exhausted~~

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any. Caseworker  
of H.U.#1 house name: NAME UNKNOWN

"F.U.M Preston"

"Warden of NECC"

I reported this the following day. 4-7-20

I even wrote the warden shortly after the Incident  
on 4-6-20. I filed I.R.R., Grievance & Appeal

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I finally Got an XRAY on 1-25-22 on my left leg  
and hip area. I was told that I have a Injury  
to my Pelvic. The X-ray has to be sent to An  
Radiologist, for further review.

NECC-Claim to have ~~not~~ received one of my Grievances BUT I DID exhaust  
(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of  
your administrative remedies.)

The Grievance procedure on this Incident.  
In my original Grievance, ~~and was sent~~  
Policy states that staff are to send offender Notification of  
Receiving our complaint along w/ date received. But are  
Neglecting To do so.

## VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☒ Yes ☐ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

EASTern District...

Unsure About when

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes ☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff NIA

Defendant(s) NIA

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number NIA

4. Name of Judge assigned to your case NIA

5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

☐ Yes

☒ No (If no, give the approximate date of disposition): N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff

Defendant(s)

Unknown/cant remember

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

Unknown  
can't remember



6. Is the case still pending?

☐ Yes

☒ No (If no, give the approximate date of disposition): unknown

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

*Dismiss  
I Believe  
But unsure*

## VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25<sup>th</sup> day of January, 2022

Signature of Plaintiff

*Richard McCoy*